FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 4/28/95 B-4913 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S87245 (4)

1. Corporation Name
INTEGRACARE, INC.

Principal Place of Business	Mailing Address
551 S.E. 8TH ST. DELRAY BEACH FL 33483 US	551 S.E. 8TH ST. DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 65-0296136 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
175 NW 1ST AVE.
STE. #2000
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name
82 [illegible] Number is Not Acc
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	Vice President, Finance ☐ Change ☒ Addition
NAME	PUSATERI, DANA	12 NAME		Juan C. Cocuy
STREET ADDRESS	551 SE 8TH STREET	13 STREET ADDRESS		551 S.E 8th St.
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP		Delray Beach, Fl. 33483
TITLE	ECOD	21 TITLE		EVD ☒ Change ☐ Addition
NAME	HEMLEPP, SALLY	22 NAME		
STREET ADDRESS	551 SE 8TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE	EVSD	31 TITLE		VD ☐ Change ☐ Addition
NAME	COLLISTER, B.J.	32 NAME		
STREET ADDRESS	551 SE 8TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	STILLERMAN, WAYNE	42 NAME		
STREET ADDRESS	551 SE 8TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MAAS, EDWARD J	52 NAME		
STREET ADDRESS	551 SE 8TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ZELL JR	62 NAME		
STREET ADDRESS	551 SE 8TH ST.	63 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan C. Cocuy Juan C. Cocuy 3/15/95 407 274-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (by) Daytime Phone #

0277172 CP